CFPB 24-Hour Accident Insurance beneficiary form

MetLife

A. Personal Information (to be completed by employee)

EMPLOYEE NAME (LAST, FIRST, MI) | SOCIAL SECURITY NUMBER (No Dashes) | DATE OF BIRTH (MM/DD/YYYY) | GENDER ○ Male ○ Female

STREET ADDRESS | CITY | STATE | ZIP CODE

WORK LOCATION (CITY/STATE) | CFPB DATE OF HIRE (MM/DD/YYYY) | GROUP CUSTOMER NUMBER 147398

If you choose to designate two or more persons as beneficiaries in one category (Primary or Secondary), payment will be made in equal shares to the beneficiaries in that category unless you specify percentages for different beneficiaries. If you specify percentages to be paid to beneficiaries in a category, the percentages in each category must total 100%, otherwise the CFPB will allocate equal percentages totaling 100%.

B. Beneficiary designations

PRIMARY

NAME (LAST, FIRST, MI)	ADDRESS	SSN (No Dashes)	DOB (MM/DD/YYYY)	RELATIONSHIP	%

(TO BE ADDED BY EMPLOYEE) **Total %**

SECONDARY

NAME (LAST, FIRST, MI)	ADDRESS	SSN (No Dashes)	DOB (MM/DD/YYYY)	RELATIONSHIP	%

(TO BE ADDED BY EMPLOYEE) **Total %**

C. Witnesses (a witness cannot be a beneficiary named above)

SIGNATURE OF WITNESS | DATE (MM/DD/YYYY) | ADDRESS (INCLUDING ZIP CODE)

SIGNATURE OF WITNESS | DATE (MM/DD/YYYY) | ADDRESS (INCLUDING ZIP CODE)

D. Signature of employee

I hereby designate the above named beneficiary(ies).

SIGNATURE | DATE (MM/DD/YYYY)

E. Agency certification (office use only)

SIGNATURE | DATE REVIEWED (MM/DD/YYYY)

cfpb Consumer Financial Protection Bureau

Original must be submitted. Copy will not be accepted. Return completed form to CFPB by mail to:

CFPB (Benefits Team)
1700 G Street NW
Washington, DC 20552